

SERIAL NUMBER <p style="text-align: center;">09/456,670</p>	FILING DATE <p style="text-align: center;">12/09/99</p>	CLASS <p style="text-align: center;">399</p>	GROUP ART UNIT <p style="text-align: center;">2852</p>	ATTORNEY DOCKET NO. <p style="text-align: center;">SAOJ: P0107US</p>
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APPLICANT

YOICHI SHIMAZAWA, NARA-SHI, JAPAN; SYOICHIRO YOSHIURA, TENRI-SHI, JAPAN.

****CONTINUING DOMESTIC DATA*******
 VERIFIED

No DA

****371 (NAT'L STAGE) DATA*******
 VERIFIED

****FOREIGN APPLICATIONS*******
 VERIFIED JAPAN P10-349741 12/09/98

Yes DA

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 01/18/00

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Met after Allowance	STATE OR COUNTRY <p style="text-align: center;">JPX</p>	SHEETS DRAWING <p style="text-align: center;">7</p>	TOTAL CLAIMS <p style="text-align: center;">5</p>	INDEPENDENT CLAIMS <p style="text-align: center;">1</p>
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ADDRESS

NEIL A DUCHEZ
 RENNER OTTO BOISSELLE & SKLAR PLL
 1621 EUCLID AVENUE
 19TH FLOOR
 CLEVELAND OH 44115

TITLE

IMAGE FORMING APPARATUS

FILING FEE RECEIVED <p style="text-align: center;">\$760</p>	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<div style="display: flex; flex-direction: column;"> <div><input type="checkbox"/> All Fees</div> <div><input type="checkbox"/> 1.16 Fees (Filing)</div> <div><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</div> <div><input type="checkbox"/> 1.18 Fees (Issue)</div> <div><input type="checkbox"/> Other _____</div> <div><input type="checkbox"/> Credit</div> </div>
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